

State of Indiana 2006 Rates

Plan	Coverage	Bi-Weekly Employee	Bi-weekly Employer	Total	Monthly Rates - Direct Bill & Retirees	COBRA Monthly Rates	Annual Employee	Annual Employer	Annual Total
HDHP - HSA*	Single	\$0.00	\$154.00*	\$154.00*	\$208.67	\$212.84	\$0.00	\$4,004.00*	\$4,004.00
	Family	\$0.00	\$423.50*	\$423.50*	\$667.58	\$680.93	\$0.00	\$11,011.00*	\$11,011.00
Anthem Traditional	Single	\$45.00	\$154.00	\$199.00	\$431.17	\$439.79	\$1,170.00	\$4,004.00	\$5,174.00
	Family	\$134.61	\$423.50	\$558.11	\$1,209.24	\$1,233.42	\$3,499.86	\$11,011.00	\$14,510.86
Anthem Trad II	Single	\$17.89	\$154.00	\$171.89	\$372.43	\$379.88	\$465.14	\$4,004.00	\$4,469.14
	Family	\$49.76	\$423.50	\$473.26	\$1,025.40	\$1,045.91	\$1,293.76	\$11,011.00	\$12,304.76
M-Plan II	Single	\$14.53	\$154.00	\$168.53	\$365.14	\$372.44	\$377.78	\$4,004.00	\$4,381.78
	Family	\$46.08	\$423.50	\$469.58	\$1,017.43	\$1,037.78	\$1,198.08	\$11,011.00	\$12,209.08
M-Plan III	Single	\$0.00	\$147.14	\$147.14	\$318.80	\$325.18	\$0.00	\$3,825.64	\$3,825.64
	Family	\$0.00	\$411.98	\$411.98	\$892.62	\$910.47	\$0.00	\$10,711.48	\$10,711.48
Traditional Dental I	Single	\$0.00	\$8.13	\$8.13	\$17.62	\$17.97	\$0.00	\$211.38	\$211.38
	Family	\$0.00	\$22.26	\$22.26	\$48.23	\$49.19	\$0.00	\$578.76	\$578.76
Traditional Dental II	Single	\$0.00	\$7.84	\$7.84	\$16.99	\$17.33	\$0.00	\$203.84	\$203.84
	Family	\$0.00	\$20.43	\$20.43	\$44.27	\$45.15	\$0.00	\$531.18	\$531.18
DeltaCare (DHMO)	Single	\$0.00	\$8.34	\$8.34	\$18.07	\$18.43	\$0.00	\$216.84	\$216.84
	Family	\$0.00	\$27.17	\$27.17	\$58.87	\$60.05	\$0.00	\$706.42	\$706.42
EyeMed Vision	Single	\$0.00	\$1.76	\$1.76	\$3.81	\$3.89	\$0.00	\$45.76	\$45.76
	Family	\$2.70	\$1.76	\$4.46	\$9.66	\$9.85	\$70.20	\$45.76	\$115.96

* The amounts include the State's annual contribution of \$1,500 for single or \$3,000 for family to the HSA for active employees.